

***Required Cover page • Recovery Workforce Training Program***

Lead Workforce Intermediary:	Legal Name of Organization	Phone (area code)	
	Address	City	Zip Code
	Contact person	Email	
	Signature (Authorized Official)		
	Name of Authorized Official: Title		

Fiscal Agent:	Legal Name of Organization	Federal ID Number	Phone (area code)
	Address	City	Zip Code
	Contact person	Email	
	Signature (Authorized Official)		
	Name of Authorized Official: Title		

<b>Fiscal Agent is:</b> <input type="checkbox"/> State Agency <input type="checkbox"/> Local Government Agency <input type="checkbox"/> Non-profit corporation <input type="checkbox"/> Organized Labor Organization <input type="checkbox"/> Economic Development Agency <input type="checkbox"/> Workforce Investment Board <input type="checkbox"/> Post Secondary Institution <input type="checkbox"/> Other (specify): _____	<b>Sector focus</b> (only one allowed): <input type="checkbox"/> Advanced Manufacturing <input type="checkbox"/> Construction <input type="checkbox"/> Cultural Economy <input type="checkbox"/> Healthcare <input type="checkbox"/> Oil and Gas <input type="checkbox"/> Transportation <input type="checkbox"/> Other: _____	<b>Area of Benefit</b> (include parishes and /or cities):
<b>Total Amount Requested: \$</b> _____		

***Budget Summary Form • Recovery Workforce Training Program***

<b>Budget Category</b>	<b>Program Costs</b>	<b>Administration (10% limit)</b>	<b>Total</b>
Salaries	\$	\$	\$
Benefits	\$	\$	\$
Travel	\$	\$	\$
Operating Services	\$	\$	\$
Supplies	\$	\$	\$
Professional/Contractual Services	\$	\$	\$
Equipment	\$	\$	\$
Other/Misc.	\$	\$	\$
Total	\$	\$	\$

<b><i>Budget Detail Form • Recovery Workforce Training Program</i></b>
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**Budget Category: Salaries**

**Total Amount: \$** \_\_\_\_\_

**Proposals shall include:**

List each position, a brief job description, and the amount paid to that position. Include the length of time that each position will be employed, and include part-time and full-time, permanent and temporary employees. State the percentage of time and effort of each position that will be charged to the grant. **NOTE: Do not list salaries of any vendors or sub-recipients in salaries. Only include salaries of personnel working directly for the fiscal agent. Vendor and sub-recipient salaries should be included in the professional/contractual service category.**

**Program Costs:**

**Administrative Costs**

**Budget Category: Benefits**

**Total Amount: \$** \_\_\_\_\_

**Proposals shall include:**

List the benefits paid to each position listed in the Salaries category.

**Program Costs:**

**Administrative Costs:**

**Budget Category: Travel**

**Total Amount \$** \_\_\_\_\_

**Proposals shall include:**

To the extent practicable, list destinations, dates, who will be traveling, why, and the amount for each trip. Include all applicable costs for each trip, including lodging, meals, mileage, airfare, conference fees, etc. Include costs for travel to Baton Rouge for at least one technical assistance meeting (date to be determined). All travel costs shall conform to state travel regulations.

Travel regulations can be found at

<http://www.doa.louisiana.gov/osp/travel/travelpolicy/travelguide.pdf> . **NOTE: Do not include any travel expenses incurred by sub-recipients. Include those costs in the Professional/Contractual Service category.**

**Program Costs:**

**Administrative Costs:**

**Budget Category: Operating Services**

**Total Amount: \$** \_\_\_\_\_

**Proposals shall include:**

List each item of cost, a description and purpose of the item, and the amount for that item. Include the total cost for the duration of the program.

**Program Costs:**

**Administrative Costs:**

**Budget Category: Supplies**

**Total Amount: \$** \_\_\_\_\_

**Proposals shall include:**

List each item of cost, a description and purpose of the item, and the amount for that item. Include the total cost for the duration of the program.

**Program Costs:**

**Administrative Costs:**

**Budget Category: Professional/Contractual Services**

**Total Amount: \$** \_\_\_\_\_

**Proposals shall include:**

List each contractor, a brief description of the service provided, and the total cost. Include enough information to completely justify the cost of each contract. State whether the contract is a fee for service, or cost reimbursement contract. If the contract is a fee for service contract, include a brief description of deliverables and the cost for each deliverable. If the contract is a cost reimbursement contract, include a summary budget for the contract.

**Program Costs:**

**Administrative Costs:**

**Budget Category: Equipment**

**Total Amount: \$ \_\_\_\_\_**

**Proposals shall include:**

List each item of cost, a description of the item, the purpose of the item, and the cost of the item.

**NOTE: Do not include equipment to be purchased by contractors or sub-recipients. Include those costs in the Professional/Contractual Services category.**

**Program Costs:**

**Administrative Costs:**

**Budget Category: Other/ Miscellaneous**

**Total Amount: \$ \_\_\_\_\_**

**Proposals shall include:**

List any items of cost not classified in any of the above categories. Include a full description, the purpose of the item, the cost of the item, and any information to justify the expense.

**Program Costs:**

**Administrative Costs:**